

Application for Home Delivery of Dispensed Items

Name:

Date of Birth:

Address:

Telephone:

Mobile:

Name(s) of representative/carer at the same address who can sign for deliveries:

If your prescription is to be paid for, a cheque must be given to the driver on delivery. Items not paid for will be returned to Mayford House Surgery and can be collected from the Surgery when payment is made. All deliveries must be signed for by you or your nominated representative/carer. If there is nobody available when we call to deliver at your address we will attempt to redeliver the following week. We will make two attempts to deliver your items however if after this we have been unable to deliver the items they will be left at the dispensary at Mayford House Surgery for collection and you will be notified of this. The driver is not authorised to enter your property so there must be someone at the property able to receive and sign for the delivery at the door.

Please sign to confirm that you wish to start prescription delivery and have read the details above.

Signature:

Date:

Office use only: Administration Team

Assigned delivery area is:

Please tick when complete:

Alert added to medical record

Readcode added to medical record

Prescription destination message added to medication page